

July 2013

## 4.103:02 Employee Action Form

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### Recommended Citation

"4.103:02 Employee Action Form" (2013). *999.x Policy Forms*. 47.  
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# ANTIOCH UNIVERSITY

EMPLOYEE ACTION FORM

DEPARTMENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NEW  CHANGE  OTHER

AUEID #: \_\_\_\_\_

NAME: \_\_\_\_\_ INTRODUCTORY PERIOD: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SOC CODE: \_\_\_\_\_ VACATION AWARD: \_\_\_\_\_

(Blue Areas – HR Will Enter)

Weeks/HRS

FOR NEW HIRES THIS COMPLETED FORM PROVIDES HR THE APPROVAL TO WRITE THE CONTRACT LETTER

Monthly Salary Rate: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

# of Pays: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

% of Time: \_\_\_\_\_ Base Salary 100% Time: \_\_\_\_\_

ONE TIME ADJUSTMENT: \_\_\_\_\_ (Adjunct/Affiliate) Assignment Credit Hours: \_\_\_\_\_

Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_

BW Salary: \_\_\_\_\_ BW Hourly Rate: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

# of Pays: \_\_\_\_\_

Comments: \_\_\_\_\_

Charge Account:	PERCENTAGE	LINE ITEM KEY
_____ - _____ - _____ - _____	_____	50005 – CORE FACULTY
_____ - _____ - _____ - _____	_____	50030 – CORE FACULTY OVERLOAD
_____ - _____ - _____ - _____	_____	50010 – ONE YEAR FACULTY
_____ - _____ - _____ - _____	_____	50040 – TWO YEAR FACULTY
_____ - _____ - _____ - _____	_____	50015 – AFFILIATE FACULTY
_____ - _____ - _____ - _____	_____	50020 – ADJUNCT FACULTY
_____ - _____ - _____ - _____	_____	50100 – ADMINISTRATOR
_____ - _____ - _____ - _____	_____	50105 – ADMINISTRATIVE ASSOCIATE
_____ - _____ - _____ - _____	_____	50025 – TEACHING ASSISTANT
_____ - _____ - _____ - _____	_____	50110 – UNION STAFF
_____ - _____ - _____ - _____	_____	50115 – NON-UNION STAFF
_____ - _____ - _____ - _____	_____	50120 – PART TIME NO BENEFITS
_____ - _____ - _____ - _____	_____	50125 – TEMP (Short Temporary)

Signatures & Date

\_\_\_\_\_  
Supervisor/Department Head – DATE

\_\_\_\_\_  
BUDGET/ FINANCE APPROVAL - DATE

\_\_\_\_\_  
PROVOST DATE

\_\_\_\_\_  
VCAA - DATE

\_\_\_\_\_  
CHANCELLOR - DATE

\_\_\_\_\_  
HUMAN RESOURCES - DATE

BUDGET/FINANCE and VCAA and/or CHANCELLOR MUST SIGN.